## CALIFORNIA INDUSTRIAL DEVELOPMENT FINANCING ADVISORY COMMISSION (CIDFAC)

# INDUSTRIAL DEVELOPMENT BOND – EQUIPMENT ONLY PURCHASE PROGRAM APPLICATION

APPLICANT (Issuer):	
PROJECT SPONSOR (Borrower):_	
PROJECT NAME:	

We, the undersigned, hereby make Application to the California Industrial Development Financing Advisory Commission (CIDFAC) for its determinations under Government Code section 91531, of the industrial development Equipment Only Purchase Project as described herein.

We agree it is our responsibility to provide two copies of a complete Application that bear original signatures and two duplicate copies of the Application, accompanied by one check payable to CIDFAC in the amount of \$1,250.00. We understand that succinct answers to the requested information are required. We understand that thorough and complete answers to the requested information are required and if additional space is required, each additional page will be clearly labeled. We agree that it is also our responsibility to provide all information that is deemed by CIDFAC to be necessary to evaluate our Application. We understand that CIDFAC may verify the information provided and analyze materials submitted as well as conduct their own investigation to evaluate the Application. We understand that we have a continuing duty to inform CIDFAC when any information in the Application or supplemental materials is no longer accurate and immediately supply CIDFAC with updated information, prior to the issuance of bonds.

We understand that at the time of bond closing, additional closing fees will be owing to CIDFAC other than the amounts specified on page one of this Application. We represent that we have read the pertinent sections of the CIDFAC Regulations and Procedures regarding fees. [California Code of Regulations, Title 10, Chapter 8, Article 3, Section 6070 et seq.]

We have sought advice from counsel as to whether the issuance of the bonds for the purposes described herein is exempt from any requirement that an allocation of State volume cap be received from the California Debt Limit Allocation Committee ("CDLAC"). In our sole discretion, relying upon that legal advice, and not upon any advice received or sought from CIDFAC, we have not applied for an allocation of State volume cap from CDLAC. We understand that CIDFAC has not made any determination as to whether the bonds or the project described herein qualify for an exemption from any State volume cap requirement.

We agree to hold CIDFAC and its members, officers, agents, and employees harmless from any and all actions or costs arising from our decision regarding State volume cap allocation and any other acts or omissions taken by us or CIDFAC in relation to this application process.

We acknowledge that all Application materials are to be delivered to CIDFAC at the address below, no later than 30 calendar days before the next scheduled CIDFAC meeting.

The Project Sponsor (Borrower) and the Applicant (Issuer) each declares under penalty of perjury that the information contained in the Application, exhibits and attachments is true and correct to the best of its knowledge and belief. The Project Sponsor and Applicant are not aware of any information that would cause them to believe that the Application contains any untrue information or omits to stat any material information. The Project Sponsor and Applicant understand that misrepresentation may result in the cancellation of an approved Application, and other actions, which CIDFAC is authorized to take.

The Project Sponsor understands that any further or supplemental information or documentation required to be provided shall be accompanied by a declaration under penalty of perjury that the supplemental information or documentation is true and correct to the best of the Project Sponsor's knowledge and belief.

We acknowledge that any materials provided to CIDFAC may be considered public records subject to disclosure pursuant to the California Public Records Act.

California Industrial Development
Financing Advisory Commission (CIDFAC)

Industrial Development BondSmall Business Program
915 Capitol Mall, Room 457
Sacramento, California 95814

Signature of Applicant's (Issuer) Senior Official <sup>1</sup>	Signature of Project Sponsor (Borrower) <sup>2</sup>
Print Name	Print Name
Title	Title
Date:	
This application has been approved by the applicable p	public agency (as defined in Government Code Section 91504)
Additional information may be obtained by accessing t (CIDFAC) web site at <a href="http://www.treasurer.ca.gov/Boa">http://www.treasurer.ca.gov/Boa</a>	the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Development Financing Advisory Commission and States of the California Industrial Indust

<sup>&</sup>lt;sup>1</sup> The person signing this Application warrants that he/she is an agent of the Applicant (Issuer) and is duly authorized to represent the Issuer.

<sup>&</sup>lt;sup>2</sup> The person signing this Application warrants that he/she is an agent of the Project Sponsor (Borrower) and is duly authorized to represent the Borrower.

## THE CALIFORNIA INDUSTRIAL DEVELOPMENT FINANCING ADVISORY COMMISSION (CIDFAC)

INDUSTRIAL DEVELOPMENT BOND – EQUIPMENT ONLY PURCHASE PROGRAM (EOPP)

## Part I: Equipment Only Purchase Program Minimum Requirements

The EOPP is a streamlined financing process to provide for the issuance of small bond amounts to finance the purchase of new equipment. The maximum amount of tax-exempt financing is \$2.0 million or less annually per Borrower. A Borrower cannot apply to both the EOPP and the CIDFAC-IDB Program. Please provide the required documentation and label as indicated.

- **1.** *Community Economic Need* –Applications that are located in communities with high unemployment rate, high poverty rate or with a median family income of less than 80% of the statewide average will receive priority and are funded first. [As defined by CDLAC procedures Section 20.II.A.].
- **2.** *Job Ratio* Applications are required to create, retain or a combination thereof. The amount of the Allocation requested in the Application will be divided by the number of jobs created, retained or a combination thereof to determine the job ratio, the lower the ratio the greater the economic benefit. [Section 20.II.B. of CDLAC Procedures]
- **3.** *Permits* The Borrower must provide documentation of the applicable discretionary use permits and approvals from federal, state, or local planning agencies for the proposed project at the time of Application. Borrowers are not required to have obtained ministerial approvals at the time of Application.

## Part II: Financing Team Information

APPLICANT (ISSUER)  Name of Issuing Agency: Name of Senior Official: Title of Senior Official: Mailing Address: City: State: Zip Code:	Telephone: Fax: E-Mail
Issuers Federal Identification No.:	
PUBLIC JURISDICTION (jurisdiction in which pro	posed Project is located, if different from above)
Name of Jurisdiction: Name of Contact Person: Title of Contact Person: Mailing Address: City: State: Zip Code:	Telephone: Fax: E-Mail:
ISSUER CONTACT (Staff person who can answer of	questions regarding this Application)
Name of Staff Person: Title of Staff Person: Name of Agency (if different from #1 above): Mailing Address: City: State: Zip Code:	Telephone: Fax: E-Mail:
FINANCING TEAM MEMBERS  1. Bond Counsel  Name of Firm: Name of Attorney: Mailing Address: City: State: Zip Code:	Telephone: Fax: E-Mail:
2. Bond Underwriter Name of Firm: Name of Contact: Mailing Address: City: State: Zip Code:	Telephone: Fax: E-Mail:

3. Private Placement Agent (if applicable) Name of Firm:	
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	
4. Private Placement Bond Purchaser (if applicable Name of Firm:	e)
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	
5. Credit Enhancement Provider	
Name of Firm:	
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	
6. Financial Advisor/Consultant	
Name of Firm:	
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	
7. Trustee	
Name of Firm:	
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	
8. Other Participant	
Name of Firm:	
Name of Contact:	Telephone:
Mailing Address:	Fax:
City:	E-Mail:
State:	
Zip Code:	

## Part III: Allocation/Bond issue Information

- 1. Amount of allocation requested:
- **2.** Proposed date of bond issuance and proposed terms:
- **3.** Date of Inducement: [Attach copy of Adopted Inducement Resolution] [Label Attachment #A]
- **4.** Date of TEFRA Hearing: [Copy of Signed Resolution] [Label Attachment #B]
- **5.** Indicate whether the bonds will be variable or fixed rate: If bonds carry a variable rate:
  - a. Identify the index.
  - b. How frequently will the bonds be remarketed and by whom?
  - c. Is there a feature to allow a conversion to a fixed rate at some time in the future? If so, under what conditions and when?
- **6.** Indicate whether bonds will be sold in a public offering or in a private placement:
- 7. Briefly describe credit enhancement structure or private placement transaction: (Attach copy of letter of credit commitment or private placement purchase contract) [Label Attachment #C]
- **8.** Indicate the amount and proposed terms of taxable debt issued in conjunction with the proposed tax-exempt bonds: [Label Attachment #D]

## Part IV: Project Sponsor (Borrower) Information

- 1. Unless otherwise indicated, answer the following questions for both the Project Sponsor (Borrower) and if the user of the facility will be other than the Project Sponsor (Borrower), the user of the project. (If additional space is needed an attachment may be added)
  - A. Official business name, address, telephone number, fax number, e-mail address and contact person:
  - B. Any "Doing Business As" names:
  - C. Address of Project Sponsor's headquarters, if different from address in "A" above:
  - D. Address of the User, if different from address in "A" above:
  - E. Other operating locations in California:
  - F. The legal structure of the Project Sponsor (i.e. corporation, partnership, or sole proprietorship): [Provide evidence of ownership structure] [Label Attachment #G]
    - i. Major Shareholders (10% or more)
    - ii. Date and place of incorporation
  - G. Federal Tax Identification Numbers, as well as IRS office where tax returns are filed:
  - H. Standard Industrial Code (SIC) number or the North American Industry Classification System (NAICS):
  - I. Description of principal products and/or services of user:
  - J. Major customers of user's products, identifying specific companies and types of customers (i.e. discount retailer):
  - K. List all prior financings for Industrial Development Bonds in California. Also provide a statement as to whether or not job creation targets were met, and if not an explanation of when the job creation target will be met.
  - L. If the Project Sponsor or user is an owner, or subsidiary of, or affiliated directly or indirectly with any other business or organization, indicate the relationship:
  - M. Attach the Financial Statements of the Project Sponsor for the past three years: (For public corporations, these should be the latest 10K's. For private companies, these should be the financial statements, either a compilation or audited.) [Label Attachment #E]

O. Job Creation/Job Retention – Using the chart in Attachment P, provide the Project Sponsor or user's current figures on employment payroll and sales volume, and the best estimate of these figures at project completion and two years after project completion. In addition, please complete the Project Site section on the attached job creation/retention table. All responses are to be based on average monthly hours worked.

## Part V: Project Information

#### 1. Project Name:

### 2. Project Street Address (Include city, county and zip code):

- **3. Describe Equipment Purchase**: Project Description (Attachment "H") includes all of the following:
  - Detailed information of equipment to be purchased and a description of its use. The list of equipment should also provide the estimated purchase price.
  - Estimated time of purchase and completed purchase date.
  - Estimated useful life of equipment.

#### 4. Legal Status of Applicant and Program Sponsor (Borrower)

Applicant is required to complete Attachment #O, "Legal Status of Applicant and Project Sponsor." "Applicant" shall include, in addition to the entity itself, officers, directors, principals and senior executives; if Applicant is a for-profit or non-profit corporation or affiliate, or partners if Applicant is a partnership, or members or managers if Applicant is a limited liability company. The term "Applicant" shall include Applicant, Project Sponsor or Borrower. [Complete Attachment #O]

#### 5. Public Benefits

Job Creation/Job Retention: A *minimum requirement* per CDLAC procedures that states that IDB applications are required to create, retain or a combination thereof. The amount of the Allocation requested in the Application will be divided by the number of jobs created, retained or a combination thereof to determine the job ratio, the lower the ratio the greater the projects economic benefit. [Section 20.II.B. of CDLAC Procedures]

## 4. Welfare-to-Work Plan.<sup>1</sup>

☐ Participation in a Welfare-to-Work Plan in conjunction with a local governmental agency, educational agency, or non-profit organization. [Label Attachment #K]

#### 5. Medical Costs.<sup>1</sup>

☐ Payment of Employee & Dependent Medical, Dental, Vision & Child-Care Costs. [Section 20.II.D. of CDLAC Procedures] [Attachment L-1]

#### 6. Community Economic Need

To ensure that a substantial number of the projects financed are located in communities in need of economic development. Priority will be given to projects located in areas with high unemployment, high poverty rate, Enterprise Zones, Empowerment Zones and redevelopment areas. (As defined by CDLAC procedures Section 20.II.A.).

<sup>&</sup>lt;sup>1</sup> Verification to certify the actual benefit and costs may be requested.

	A project located in an area with unemployment rate that is one hundred twenty-five (125%) or more of the statewide average.
	Actual %:
	oject Area Poverty Rate  A project located in an area in which the poverty rate is over one hundred ten percent (110%) of the statewide poverty rate.
	Actual %:
-	A project located in a special designation area such as an Enterprise Zone, Empowerment Zone or Redevelopment Area.
	Actual Designated Area:
	A project located in an area with a median family income of less than eighty percent (80%) of the statewide average based on the most recent census data available for cities of Census Designated Places.
	Actual %:

## **Application Check list:**

## **EQUIPMENT ONLY PURCHASE PROGRAM (SBP) Application Documents Checklist**

This checklist is provided to ensure that a completed Application package is filed with CIDFAC. If an attachment does not apply, please write N/A in the space provided.

All attachments listed in the CDLAC Procedures A-O are not required for this application. Please complete only the applicable attachments listed below.

Your Application package must contain the following:	
\$1,250 initial filing fee made payable to CIDFAC.	
Two (2) Completed and signed Application forms	
Evidence that the Project Sponsor is a Small Business	[Attachment A-1]
Adopted Inducement Resolution (See Section 6.lll.B.4 of CDLAC Procedures)	[Attachment A]
Evidence of TEFRA hearing (either adopted resolution or certification) (See Section 6.III.B.6. of CDLAC Procedures)	[Attachment B]
Evidence of Credit Enhancement or Bond Purchase Commitment (See Section 9 of CDLAC Procedures)	[Attachment C]
Financial Statements for the past three years	[Attachment E]
Description of proposed Project	[Attachment H]
Evidence of welfare-to-work plan participation (Section 20.II.C. of CDLAC Procedures)	[Attachment K]
Evidence of payment of employee benefits (including the Project Health Care Benefits Worksheet) (Section 20.II.D of CDLAC Procedures)	[Attachment L, L-1]
Legal Status of Applicant and Project Sponsor	[Attachment O]
Two (2) duplicate copies of the Application with attachments	
Job Creation/Retention Worksheet	[Attachment P]

[Note: Any subsequent mailings of additional Application materials should be in <u>duplicate</u>.]

#### **Attachment L-1**

# SMALL-ISSUE INDUSTRIAL DEVELOPMENT PROJECT HEALTH CARE BENEFITS WORKSHEET

Part I

### Medical

Gross monthly medical premiums made by Project Sponsor at the time of Application:	\$
Less Total monthly medical premiums made by all employees to health care premium at the time of Application:	\$
Equals  Net monthly medical premiums made by Project  Sponsor at the time of Application:	\$
Vision	
Gross monthly vision premiums made by Project Sponsor at the time of Application:	\$
Less Total monthly vision premiums made by all employees to vision premium at the time of Application:	\$
Equals  Net monthly vision premiums made by Project  Sponsor at the time of Application:	\$
<u>Dental</u>	
Gross monthly dental premiums made by Project Sponsor at the time of Application:  Less	\$
Total monthly dental premiums made by all employees to dental premium at the time of Application:	\$
Equals  Net monthly dental premiums made by Project  Sponsor at the time of Application:	\$
Child Care	
Gross monthly child care costs made by Project Sponsor at the time of Application:	\$
Less Total monthly childcare costs made by all employees To childcare premium at the time of Application:	\$
Equals  Net monthly childcare costs made by Project  Sponsor at the time of Application:	\$

## Part II

Total Month	ly Net Medical,	Dental, Vision and Child Care Costs:		
Medical	\$	_		
Vision	\$	_		
Dental	\$	_		
Child Care	\$	_		
Total	\$	_		
		Part III		
		Total monthly net premium/costs:	\$	
		divided t	by	
		Total number of employees participating in plan:		
		equa	ls	
Total monthly	y net medical, de	ntal, vision and child care costs paid per employee:	\$	

#### **ATTACHMENT O**

## LEGAL STATUS OF APPLICANT AND PROJECT SPONSOR Applicant (Borrower) Name: For purposes of the following questions, the term "Applicant" shall include the applicant and the project sponsor, the parent of the applicant and the project sponsor, and any subsidiary of the applicant or project sponsor if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project. In addition to each of these entities themselves, the term "applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. CIVIL MATTERS 1. Has the Applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan, or been foreclosed against in the past ten years? If so, please explain. 2. Is the Applicant *currently* a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application? If so, please explain. 3. Have there been any administrative or civil settlements, decisions or judgments against the Applicant within the past ten years that materially and adversely affected (a) the financial condition of the Applicant's business, or (b) the project that is the subject of the application? If so, please explain and state the amount. 4. Is the Applicant *currently* subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency? 5. In the *past ten years*, has the Applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment? If yes to either question number 4 or 5, please explain.

## **CRIMINAL MATTERS**

Titl	le
Sig	nature Date
I ce	ertify this information is accurate and complete.
12.	Within the <i>past ten years</i> , has the Applicant been convicted of any <i>misdemeanor for any financial or fraud related crime</i> ? If so, please explain.
11.	Within the <i>past ten years</i> , has the Applicant been convicted of any <i>misdemeanor related to the conduct of the Applicant's business</i> ? If so, please explain.
10.	Within the <i>past ten years</i> , has the Applicant been convicted of any <i>felony</i> ? If so, please explain.
9.	Is the Applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could <i>materially affect the financial condition of the Applicant's business</i> ?
8.	Is the Applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, <i>criminal charges</i> (whether felony or misdemeanor) against the applicant for any <i>financial or fraud related crime</i> ? If so, please explain.
7.	Is the Applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, <i>misdemeanor charges</i> against the applicant for matters <i>relating to the conduct of the applicant's business</i> ? If so, please explain.
6.	Is the Applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, <i>felony charges</i> against the applicant? If so, please explain?

### ATTACHMENT P

		Currently				Two Years After Issuance				Two Years After Completion			
STATEWIDE	<u>OPERATIONS</u>												
No. Of Locations			<u>-</u>	-	<del>-</del>	<u>-</u>	<del>-</del>	<del></del>	-	-	<u>-</u>	-	<del>-</del>
Total Sales Volume													
		Full-Time	Part-Time	Temp.		Full-Time	Part-Time	Temp.		Full-Time	Part-Time	Temp.	
No. of Employees (Not Incl. Leased/Cont													
Leased or Contracted Employees*	. , ,												
Total Payroll													
Job Creation													
Job Retention													
PROJE	CT SITE		-		-		-		-		-		_
<b>Total Employment (Average</b>	Per Month)												
		Full-Time	Part-Time	Temp.	Average Hourly Wage	Full-Time	Part-Time	Temp.	Average Hourly Wage	Full-Time	Part-Time	Temp.	Average Hourly Wage
No. of Employees	Management												
(Not Including	Skilled/Semi-Skilled												
Leased or Contracted	Unskilled												
Employees)	Average Hours												
	TOTAL												
No. of Leased or Contracted	Management												
Employees*	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
	TOTAL												
	TOTAL PAYROLL												
Job Creation	Management												
	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
	TOTAL												
<u>Job Retention</u>	Management												
-	Skilled/Semi-Skilled												
-	Unskilled												
-	Average Hours												
	TOTAL												

<sup>\*</sup> Please provide company information (other than IDB applicant) for all leased or contracted employees.

Company Name:
Company Contact:
Address:
Telephone/Fax Number:
E-mail Address:

Please provide the Project Sponsor's (Borrowers)
California Unemployment Insurance Account
Number: